

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5308

FILED JUN 23 1944 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hours  
In this community 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred E. Angelbeck

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Amelia C. Angelbeck 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased October 27, 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 11 If less than one day hr. ----- min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Woodworker

11. Industry or business

12. Name John E. Angelbeck  
13. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Angelbeck  
(b) Address 3950-9th Ave North, St. Petersburg, Fla.

17. (a) Burial (b) Date thereof 6/13/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) JUN 12 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1412a E. Gano Ave  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th  
year 1944 hour 5:38 PM minute ----- M.

21. I hereby certify that I attended the deceased from -----, 19-----, to -----, 19-----;  
that I last saw him ----- alive on -----, 19-----;  
and that death occurred on the date and hour stated above.  
Immediate cause of death ----- Duration -----

Coronary Thrombosis  
Due to -----

Due to 94a

Other conditions -----  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -----

Of autopsy -----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -----  
(b) Date of occurrence -----  
(c) Where did injury occur? ----- (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -----

While at work? ----- (Specify type of place) (c) Means of injury -----

23. Signature Thomas F. Callahan (M.D. or other)  
Address Deputy Coroner Date 6/13/44

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Wilfred G Burnley  
Licensed Embalmer No. 4202  
P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**